



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 2958

SERIAL NUMBER 09/332,459	FILING DATE 06/14/1999 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 1800	
APPLICANTS JUSTIN B. MAGARAM, KIRKLAND, WA; DAVID R. PARLIN, REDMOND, WA; None M					
** CONTINUING DATA None M					
** FOREIGN APPLICATIONS None M					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/13/1999					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature M Initials	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
ADDRESS Law Offices of Albert S Michalik, PLLC 704-228th Avenue NE Ste 193 Sammamish , WA 98074					
TITLE METHOD AND SYSTEM FOR REPRESENTING DEPENDENCIES IN A FINANCIAL PLAN					
FILING FEE RECEIVED 1142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

SERIAL NUMBER 09/332,459	FILING DATE 06/14/99	CLASS 705	GROUP ART UNIT 2761 3628	ATTORNEY DOCKET NO. 1800
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APPLICANT

JUSTIN B. MAGARAM, KIRKLAND, WA; DAVID R. PARLIN, REDMOND, WA.

CONTINUING DOMESTIC DATA***

VERIFIED

None m

371 (NAT'L STAGE) DATA***

VERIFIED

None m

FOREIGN APPLICATIONS***

VERIFIED

None m

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/13/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials	<i>m</i>				

ADDRESS

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TITLE

METHOD AND SYSTEM FOR REPRESENTING DEPENDENCIES IN A FINANCIAL PLAN

FILING FEE RECEIVED \$1,124	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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